

SURROGATE'S COURT: DUTCHESS COUNTY
STATE OF NEW YORK

-----x

In the Matter of

AFFIDAVIT

Deceased.

File Number: _____

-----x

STATE OF NEW YORK: ss:

COUNTY OF _____:

_____, being sworn, deposes and says as follows:

1. I am petitioning for appointment as fiduciary in the above named estate. This affidavit is made to confirm my eligibility to receive Letters pursuant to Surrogate's Court Procedure Act Section 707.
2. I am 18 years of age or older.
3. I have not been judicially declared incompetent to manage my affairs.
4. I am not a non-domiciliary alien.
5. _____ I have never been convicted of a felony; or
_____ I have been convicted of a felony and attached is my Certificate of Relief from Disabilities.
6. I do possess the qualifications required of a fiduciary and am not ineligible because of substance abuse, dishonesty, improvidence, want or understanding.
7. I can read, write and converse in the English language.

Dated: _____, 20____

Signature

Print Name

Sworn to before me this _____
day of _____, 20____.

NOTARY PUBLIC